

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>4-9-97</u>		2 Serial/Patent # <u>08/398629</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
<input checked="" type="checkbox"/>	Extension of Time	DUPL OF PAPER # 9	11-18-96	\$ 930								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 930							
8 TO BE REFUNDED BY:												
10 REASON:		Treasury Check										
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:										
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> <td style="width: 20px;">4</td> <td style="width: 20px;">6</td> </tr> </table>				1	3	--	2	5	4	6
1	3	--	2	5	4	6						
	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>L. Spruell</u>			TITLE: <u>Art Unit Clerk</u>									
SIGNATURE: <u>[Signature]</u>			PHONE: <u>308-0858</u>									
OFFICE: <u>Group 3300</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>[Signature]</u>			DATE: <u>15 April 97</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**